2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90056 044 ****61.25

DOCUMENT # N40911

1. Entity Name
CENTRAL FLORIDA ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 160790 ALTAMONTE SPRINGS, FL 32716-0790	P.O. BOX 160790 ALTAMONTE SPRINGS, FL 32716-0790

04062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3041592 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RENNARD, BARBARA V 3001 ALOMA AVE. SUITE 116 WINTER PARK, FL 32792	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara V Rennard 4/6/05 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RENNARD, BARBARA V 3001 ALOMA AVE., STE. 116 WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JULIANO, LINDA 4234 EDGEWATER DR. ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IVP Lawson, Andrew 3301 Hadleigh Crest Orlando, FL 32817-2052 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLANK, LYNN 1040 WOODCOCK RD. STE. 260 ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE GENTRY, DAVID 102 PINELOCH AVE., STE. 23 ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Gentry, David 786 Haddonstone Circle, Apt 204 Heathrow, FL 32746-5606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP WOLLAN, VICKEY 385 DOUGLAS AVE., STE. 1050 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE Wollan, Vickey 385 Douglas Ave, Ste 1050 Altamonte Springs, FL 32714 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP ANDERSON, WILLIAM C 498 PALM SPRINGS DR., STE 210 ALTAMONTE SPRINGS, FL 32701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP Schreppel, Gayle P.O. Box 622467 Oviedo, FL 32762-2467 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara V Rennard Treasurer 4/6/05 407-681-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara Rennard